U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 36-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E	•
1. File Number U - 6282	2. Fiscal Year Covered From:
,	01/01/2005 Through: 11/31/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name PATRICK LC PRESTI	Name ALA LOCAL ONE
	Labor Organization File Number 035 - 319
P.O. Box. Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street SO HUNTER DRIVE	Street 113 UNIVERSITY FLACE
City Syosset	City Naw York
State New York ZIP Code +4 11791	State Now YORK ZIP Code +4 1003
5. Position in labor organization. PRESIDENT - ALA	LOCAL ONE
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7 h Amount
Street :	7.b. Amount.
City	Andrew Control of the
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	ng documents), has been examined by the signatory and is, to the best of the
Signed Line to Cac.	On 03 23 06 (010) 460 - 0800

Name of Person Filling PATRICK LOPKIEST)	File Number U- 6282
B. Held an interest in or derived income or economic benefit with monetary we substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Ar(ACA+ATE) BANK OF NEW Y62K  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 11-15 UNION SQUARE WEST	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
State NEW YORK ZIP Code +4 1023	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street:  City  State  ZIP Code + 4	11.a. Nature of such dealing.  COSTOCIAL BANK / INVESTMENT  MANAGER SERVICES  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  HOUDAY GIFT - DECEMBER 2005
	12.b. Amount. 3.36.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.
Name '	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State Z!P Code - 4	
13.5. Is the Business an Employer or Consultant ?	14.5. Amount of payment.

Name of Person Filling PATRIK LOPRESTI	File Number U- (62.8.2
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (Including trade name, if any).	9. Business deals with:
Name INTELL LUCAL PENSION FUND	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 455 kehve BLVD - SUITE 100	
CIN CARUL STREAM	
State / CCCNCIS ZIP Code + 4 60168:	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name INTER LUCAL PENSION FUND	PENSION FUND
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 455 REHOR BLUD JUITE 100	11.b. Approximate dollar value of such dealing.
City CAROL STREITM	12.a. Nature of interest held or income received.
State 1 LL 1/V.C / 3 ZIP Code + 4 6.6 7 1 5 6	BUARD OF TRUSTEES MEETING
	2115-2/16/05
	12.b. Amount. :
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money	
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.
Name	i
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	

Name of Person Filling PATR, CK LOPREST	File Number U- 6.2 £ 2		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name TATEL LOAL PENS UN FUND  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 455 KEHOE BLVD - SITE /05  City CAROL STREET	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
State / LLINGIS ZIP Code +4 60/68			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Twight with Pens, up Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  PENSIUM FUND		
Street 455 KEHUE BLVD - SUITE 103  City CAROL STREAM	11.b. Approximate dollar value of such dealing. 16.329.00.		
State 1 - 1 20 3 ZIP Code + 4 : 60 6 6 8	BODROF TRUSTERS MEETING 316-31/05  12.b. Amount. 463.20		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street			
State ZIP Ccde + 4			
13.b. Is the Susiness an Employer or Consultant ?	14.p. Amount of payment.		

Name of Person Filling PATRICK LOPRESTI	File Number U- 6282		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name: INTER LOCAL PENSION FUND	a. Labor Organization		
Trade Name, if any:	B. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 455 KEHOE BLUD JUITE 100	* to turn of		
City CAROL STREAM			
State     CLINO, S   ZIP Code + 4   60/68			
10, If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name INTER LOCAL PENSION FUND	PENSION FUND		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street HSS KEHUE BLUD - DUITE 100	11.b. Approximate dollar value of such dealing.		
City CARL STREAM	12.a. Nature of interest held or income received.		
State [ CLN C: S   ZIP Code + 4   6 U 16 E	BUARD OF TRUSTERS MEETING		
	4126-4128/05		
	12.b. Amount. 4 1138-05		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name '			
Trade Name, if any:			
The second second first on the second	· !		
P.O. Box, Bldg., Room No., if any			
Street			
State ZIP Code + 4 *			
ZIP CCCe * 4	14 b Amount of promocet		
13.b. Is the Susiness an Employer or Consultant ?	14.b. Amount of payment		

Name of Person Filling PATRICK LO PRESTI	File Number U- 628 2		
3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name The Time Local Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 455 KEHBE BLVD — SLITE 103  City CAROL STREAM  State TLLIN 015 ZIP Code +4 6 C 16 E	9. Business deals with:  i a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TATER LOCAL PENSION FUND  Trade Name, if any:  P.O. Box, Bldg., Room Nc., if any	11.a. Nature of such dealing.  PENSIUN FUND		
Street HST KEHCE BLVD - SUITE 100  City CARUL STREAM  State ILLINGIS ZIP Code + 4 60166	11.b. Approximate dollar value of such dealing. 6229.03.  12.a. Nature of interest held or income received.  BOARD OF TRUSTEES Meeting  7/26-7/29/05		
	12.b. Amount. 1/553.60		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Ccde + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.5. Amount of payment.		

	File Number U- 6282
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9. Business deals with:	
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DEMO10W	FUND
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11.b. Approximate dollar value	of such dealing. ෂ 622දි. ව
The same of the sa	or income received.
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12.b. Amount.	₹ 467.00
12.b. Amount. er parts A and 5 above) or other thing of value.	¥ 467.00
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	a. Labor Organizat

Name of Person Filing PATRICE LO THEST	-ile Numcer U- C, 25 C
B. Held an interest in or derived income or economic benefit with monetary visusstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business stively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name TARK LOCAL PENS. IN FUAD  Trade Name, if any:  P.O. Box. Bldg., Room No., if any  Street 455 KEHTE BLW - SUITE 10:2  City CARQL STREAM  State 1 LUINOIS : ZIP Code + 4 6 0/6 6	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TATER LOCAL PENSION FUND	PENSION FUND
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street HST KEHGE BUD - SUITE ICC  City CIARCL STREAM  State TLLINGIS ZIP Code +4 6016 E	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  BUARI) OF TRUDTEES MEETING  10(3)-11(5/05)
	12.b. Amount. 4 1975.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name '	
Trade Name, if any:	
P.O. Box, 3ldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. is the Business an Employer or Consultan: ?	14.b. Amount of payment.